WEBSITE COUPON

PLEASE COMPLETE ALL APPLICABLE INFORMATIO N

PURCHASER NAME:_____

PURCHASER SSN:_____

ACCOUNT NUMBER (IF KNOWN):_____

STUDENT NAME:_____

STUDENT SSN:_____

G E T
GUARANTEED EDUCATION TUITION™

WHAT TYPE OF ACCOUNT DID YOU ENROLL IN: *MONTHLY ACCOUNT* *LUMP SUM ACCOUNT* *COMBINATION*	☐ ☐ ☐
HOW DID YOU ENROLL: *ONLINE* *MAILED IN FORM* *BY PHONE*	☐ ☐ ☐

PURCHASER STREET ADDRESS

ADDITIONAL LUMP-SUM UNITS PURCHASE	$

PURCHASER CITY / STATE / ZIP CODE

CUSTOM-MONTHLY PLAN PAYMENT	$

PURCHASER E-MAIL ADDRESS   TELEPHONE NUMBER (S)

Please write the GET Account Number or student's name on your check and send to: GET, PO BOX 84824, SEATTLE WA 98124-6124

TOTAL AMOUNT PAID	$